

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LONGWOOD AT OAKMONT, INC.

To operate LONGWOOD AT OAKMONT PERSONAL CARE CENTER

Located at 500 ROUTE 909, VERONA, PA 15147

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 49
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 21, 2011 until March 21, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429900

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 21 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Michael K. Haye, Executive Director
Longwood at Oakmont, Inc.
Longwood at Oakmont Personal Care Center
500 Route 909
Verona, Pennsylvania 15147

Dear Mr. Haye:

As a result of the Department of Public Welfare's licensing inspection on February 18, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

The license indicates the home's recent change in the name from Longwood at Oakmont Assisted Living Center to Longwood at Oakmont Personal Care Center.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', written over a horizontal line.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

No. 3962 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT ASSISTED LIVING CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 02/18/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Melinda Orme, Sheila Page	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Karen Paul RN NHA Administrator of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Paul RN NHA</i>	DATE <i>3-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J. B. [Signature]</i>	DATE <i>3-7-11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A 6- ounce bottle of Sea Clens, with a manufacture's label indicating "contact poison control", was unlocked in a drawer in the country kitchen area and was accessible to residents. Residents of the home, including #'s 1, #2 and #3, have not been assessed capable of recognizing and using poisons safely.	<i>2/18/11</i>	<i>The 6-ounce bottle of Sea Clens was immediately removed from the unlocked drawer in the Country kitchen and secured in a locked cabinet.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i>
		<i>2/18/11</i>	<i>Staff on shift were re-educated that all poisonous materials are to be kept locked and secured.</i>	<i>2-7-11</i>
		<i>3/6/11</i>	<i>All staff will be educated to this regulation.</i>	<i>[Signature]</i>
		<i>Ongoing</i>	<i>All poisonous materials will be kept locked and inaccessible to residents to ensure their safety.</i>	<i>[Signature]</i>
		<i>Ongoing</i>	<i>Ongoing compliance will be ensured by routine audits completed by the Administrator or designee.</i>	<i>[Signature]</i>

Adult Residential Licensing

Mar. 6. 2011 2:43PM

Western Region

MAR 7 2011

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT ASSISTED LIVING CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 02/18/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Melinda Orme, Sheila Page	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Karen Paul RN NHA Administrator of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Paul RN NHA</i>		DATE <i>3-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE <i>3-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 2/18 /11 at the Country Kitchen area, in a drawer was, what the home staff called, a "treatment box" with prescribed medications that was unlocked and accessible to residents. The medications belong to the following Residents: <ul style="list-style-type: none"> • Resident #1, Flucuracil cream 51 % 40 gm and Men Phor lotion andfi- itch 225 ml. • Resident #2, Hydrocortisome 1 % cream 28.3 gm and Volateran Gel 1% 100gm. 	<i>2/18/11</i> <i>2/18/11</i> <i>3/6/11</i> <i>Ongoing</i>	<i>The Treatment box with the listed medications was immediately removed from the Country Kitchen area drawer and secured in a locked cabinet. Staff on shift on this date were re-educated to this regulation and the importance and purpose of keeping these items secured and locked. All staff will be re-educated on this regulation. Ongoing compliance will be ensured by routine audits completed by the Administrator or designee.</i>	<i>3-7-11</i> <i>3-7-11</i>
Western Region				
MAR 7 2011				

Steps have been taken to correct violation; full compliance is not verifiable
Date: *3-7-11* Initials (DPW): *[Signature]*

No. 3902 F. 3

MAR 6 2011 2:42PM